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**01/11/99 (Day 1)**

The first day consisted of an overview detailing information regarding:

- Health Insurance Portability and Accountability Act 1996 (HIPAA) – how it works and getting standards approved. The following Web Sites were presented to obtain HIPAA information.
  - ❑ **aspe.os.dhhs.gov/admnsimp**  
NPRMs, general information
  - ❑ **www.ncpd.org**  
implementation guides for pharmacy claims
  - ❑ **www.wpc-edi.com/hipaa**  
other implementation guides
  - ❑ **www.hcfa.gov/medicare/edi/hipaaedi.htm**  
other web site links
  - ❑ **www.eds.com/hipaa**  
legislation summaries and other web site links
- Trading Partner Processing – who are the trading partners, how they will communicate with DEERS and each other.
- HIPAA Version 4010 versus Version 4030 – changes to HIPAA standards are an issue, current standard is 4010.
- Architecture of the CAI (Century Analysis Inc.) Interface Engine and the physical connectivity required.
- EDI (electronic data interchange) business events and associated X12 transaction sets.
- X12 standards – the envelope structure, transaction sets, segments and data elements. The following Web Site was presented to obtain X12 information.
  - ❑ **www.disa.org**

**Discussion**

1. The current HIPAA standard Version 4010 does not fully support the current business events performed today by DEERS and it's trading partners. There was discussion surrounding the possibility of moving to a future HIPAA version (4030).

- Insert a paragraph or two within the EIS (External Interface Specification) to clarify the version that the EIS is based on.
  - Insert a paragraph or two within the EIS to explain that EDI is being implemented to facilitate competitive bidding as well as providing industry standard requirements.
2. It was determined that the USFHP/CHCBP (United States Federal Health Program/Continued Health Care Benefit Program) business events will not be mapped to X12/HIPAA standards but will use another mechanism to communicate with DEERS.
  3. It was discovered that Eligibility and Re-enrollments might be transmitted to DEERS in batch format.
  4. In response to SAIC's (Science Applications International Corp.) question "When a segment ends with blank field delimiters, will the transaction format be rejected?" The answer was yes, in accordance to the X12 standards syntax, blank field delimiters should not exist on the end of a segment; the segment should simply end with a segment terminator.
  5. The DEERS Trading Partner Profile survey was distributed. The form should be completed and returned to the X12 team as soon as possible. This information will help to further the architectural design within the CAI interface tool.
  6. The question was asked, "Will there be a system environment available to facilitate testing with a trading partner?" Yes, there will be a system environment available to facilitate the DEERS side of testing.
  7. Discussion surrounding the review of Pharmacy transaction flow was eliminated from the EIS Review this week.
  8. Discussion surrounding how to handle replacing the enrollments flat file from CHCS (Composite Health Care System) to PGBA (Palmetto Government Benefits Administrator) for Regions 1, 2 and 5. How to establish a communication link from CHCS to WPS (Wisconsin Physicians' Service) for Regions 6 and 11 for the same purpose. The fundamental question "Is DEERS responsible for providing an interface to push enrollment notification from CHCS to the contractors for the benefit of collecting enrollment fees?" This is an outstanding TMA (TRICARE Management Activity) issue from the December meetings.
  9. TRICARE Senior Prime needs a new process to eliminate triple entry. This process supports MPC (Medicare Processing Center).
  10. EIS Review Session uncovered a fourth entity (TRICARE Remote Military Medical Support Office [MMSO]) that grants care authorization.

The care authorization business event triggers an X12 New Medical business event.

The MCSC (Managed Care Support Contractors) or CHCS site queries MMSO for care authorization. If care authorization is granted, an X12 278 NAS (Non-Availability Statement) is issued from the CHCS site or the MCSC and recorded in the DEERS database.

11. The question was proposed “Why did TMA authorize DEERS to remove the requirement concerning Care Authorization codes 7, 8, and 9? The issue is “Should this business event be covered by the 278 NAS Transaction Set?” TMA has confirmed that there is NO requirement for DEERS to support a Care Authorization.

## **01/12/99 (Day 2)**

On the second day of the EIS Review Session, Version 4 of the document was used to step through the technical mapping for the 270/271 Eligibility, Enrollment Inquiry and Response.

### **Discussion**

1. Linda Ishida made mention that she would like to use the IOD and EIS documents to produce the contractors work order description.
2. Discussion was opened to give feedback on the format of the EIS document. The X12 team will evaluate the suggestions and a determination will be made based on the technical feasibility. These suggestions include a) indication of DEERS length, b) ZZ description of DEERS ID, c) clarify heading for DEERS, d) put columns in EIS to clarify situational requirements, e) add optional to segments on front page, and f) maybe make the diagrams show segments.
3. There are business practices where retroactive enrollments are done for periods of 17 to 18 months in the past. What is the time period that DEERS will support for a retroactive enrollment? If a retroactive enrollment is performed, the same information is required for this enrollment as is necessary for any enrollment. It was also noted that information might be required for retroactive enrollment for three years back. What provisions are being made to accommodate this situation?
4. The eligibility inquiry does not supply sufficient data on Dental. The question was asked "Will there be a separate inquiry for Dental providing in-depth dental information?"
5. It was stated that the Claims Eligibility inquiry should include BRAC (Base Realignment and Closure) pharmacy data.
6. It was agreed that in the case of returning fee payment data, the date transmitted would reflect the date for which coverage is paid.
7. The EIS needs to describe how the presence of zero values will be transmitted. Currently, no information is returned on a null value. However, DEERS will return zero values when applicable. An example of this is that if cat/cap and deductible totals are zero, DEERS will send zero values.
8. The question was asked, "Will the segment loops follow the same order in a Response?" You should rely on the segment qualifier, not the order of the segments because data is not necessarily sequenced in the same manner.
9. It was determined that the Claims Eligibility Inquiry may be used for both Customer Service requests and to perform prior authorizations.

10. The question was asked, “If a query was performed on a child having eligibility, would both parents be returned in the response?” If the child were covered under the mother for a period of time and the father for another period of time, if the inquiry period spanned both time periods, DEERS would return eligibility and coverage information associated with each parent. Note, the child will not be covered under the mother and father concurrently. It was established that one or the other parent is allowed to show a child as a dependent within a particular time frame.

### **01/13/99 (Day 3)**

On the third day of the EIS Review Session, Version 4 of the document was used to step through the technical mapping for the 270/271 Claims Eligibility Inquiry and Response.

### **Discussion**

1. Issue for TMA: What defines a transfer of enrollment?
  - Is it a change of address that causes a change in contractor responsible for the enrollment?
  - Is it a change in the region you reside in?
  - Is it a change in the PCM (Primary Care Manager) region?
2. When CHCS does an enrollment, a MCSC within that region becomes the enrollment administrator for that policy. DEERS only captures the system that sent the enrollment and will have the CHCS designated as the enrollment management system. What information will be communicated to DEERS to identify the MCSC as the enrollment management system? Does DEERS need to track an enrollment management system and an enrollment administrator system? Is it necessary to capture where the enrollment came from? DEERS will know the PCM enrolling division associated with the CHCS site for future notifications.
  - Is DEERS responsible for providing an interface between CHCS and the MCSC for purpose of notifying the MCSC that an enrollment has occurred?
3. There was a discussion concerning Medicare Duals. It was determined that there is a need for a new requirement from TMA to allow tracking of Medicare Supplement in addition to 3<sup>rd</sup> party insurance.
4. There was an expressed need for additional Claims Totals Inquiry functionality. The trading partners wanted the option when performing a coverage inquiry for claims of requesting cat/cap and deductible totals and an option to ‘lock’ or ‘not lock’ the totals as well as receive all NAS information. J. Groth stated that in order to evaluate the feasibility of returning all NAS data, the contractors need to provide the volume and the percentage of claims that have associated NAS information.
5. There was an issue surrounding newborns. The questions was, “If the sponsor is retired and does not have TRICARE Prime, does the newborn need to be added to DEERS to pay the claim?”

- Does the baby have to be enrolled in TRICARE Prime to pay the claim?
  - If yes, it was noted that DEERS could not systematically enroll a newborn into TRICARE Prime. Who is responsible for enrolling the newborn into TRICARE Prime?
  - It was noted that a newborn is eligible for 365 days of TRICARE Prime. DEERS intends to give the newborn 120 days of eligibility, thus a 120-day enrollment period until verified with officials. There is conflicting policy around the newborns coverage.
6. It was determined that DEERS should show all PCMs during an enrollment period.
  7. The question was raised, “How will DEERS handle communicating the one-year grace period of no fees and no co-pays for family members of a deceased Active Duty sponsor?”
  8. It was noted that EIS Version 5 will include a definition of scenarios where multiple 271’s are returned from a single inquiry and when DEERS will return partial match responses.

#### **01/14/99 (Day 4)**

On the forth day of the EIS Review Session, Version 4 of the document was used to step through the technical mapping for the 270/271 Claims Totals and Other Health Insurance Inquiry and Response.

#### **Discussion**

1. There was an issue surrounding whether the contractors had to lock the totals when applying enrollment fees. It was decided that there needs to be a standard guideline established. The locking is not being done today.
2. There was an issue concerning the OHI (Other Health Insurance) Policy Number. Should the contractor be allowed to update the OHI Policy Number, because this compromises the uniqueness of the database key (OHI Policy Number and DEERS ID)?
  - It was proposed that the database key be changed to include the Policy Number + Carrier ID + DEERS ID with the understanding that no one can update these fields,

OR

  - DEERS should assign a unique OHI ID to represent the OHI policy in affect.

The database key will be the Policy Number+Carrier ID+DEERS ID with the understanding that no one can update these fields.

3. The need to add a requirement to allow an inquiry on a certain OHI coverage type (e.g., Pharmacy) was identified.

The X12 standard stores the OHI coverage according to benefit category. When adding/updating OHI information, it would require the contractor to perform multiple steps. The question was raised, "Is this task feasible for the contractor or is there another solution in entering OHI information?" A proposed solution was to manipulate the OHI indicators.

4. Are both mail order pharmacy and prescription drug coverage indicators necessary for OHI pharmacy coverage? Is a single pharmacy coverage indicator satisfactory for identifying this OHI benefit because mail order pharmacy is typically included in a pharmacy benefit?
5. It was determined that on a Claims Totals Inquiry Response, DEERS would carry the individual family member enrollment begin and end date of a health delivery program.
6. It was discovered that the MPC was an additional entity who individually queries DEERS.
7. Catastrophic cap and deductibles may be adjusted back six years. Currently, contractors are able to query online three years back and a manual process today allows for the later three years of data to be retrieved. How will DEERS handle this functionality?
  - It was noted that DEERS does not have a requirement to support this functionality.
8. The need to view Claims Totals even if a lock has been applied to the record was expressed. This functionality is to be taken into consideration.
9. It was agreed that DEERS would store and return the organization region and site ID of who applied the lock for catastrophic cap and deductible totals. DEERS will verify that the originator of the lock is the entity applying the update.
10. What time reference is being used for timestamps in DEERS, Zulu time or a specific time zone?